

Nasal History & Examination

History

As with all specialities a concise yet thorough history is paramount to ensure no important information is missed. The format you have learned from day one enables this, however taking a focused speciality history in this case nasal history requires specific closed questions.

There are six main nasal symptoms to consider when taking a focused nasal history;

1. Facial pain

A complex topic to which we have a dedicated [facial pain tutorial](#).

However, in order to establish the nature of the facial pain and its relation to the nasal cavity or paranasal sinus, we can use the following mnemonic

- S**ite (Where does the pain originate. Is it definitely nasal / sinus pain? Consider other causes)
- O**nset (when did the pain start. Gradual Vs Sudden)
- C**haracter (what is the pain like sharp, dull, stabbing, electric shock - trigeminal neuralgia)
- R**adiation (does the pain radiate anywhere)
- A**ssociations (any other signs associated with the pain – e.g. headaches)
- T**ime course (does the pain follow a pattern)
- E**xacerbating/relieving factors
- S**everity

2. Sense of smell

- Hyposmia (reduced or altered)
- Anosmia (complete loss)

3. Nasal obstruction

- Duration
- Laterality
- Fluctuation
- Positional changes

4. Rhinorrhea

- Laterality
- Volume
- Nature
- Front of nose/post nasal drip

5. Epistaxis

- Laterality
- Duration
- Volume
- Post nasal (posterior bleeding)
- Presence of clots
- Anticoagulants

6. Sneezing

Nasal Examination

Below is a summary of the steps conducted during an examination of the nose:

1. Observe nose for symmetry, position and colour
2. Lift tip of nose to observe for nasal discharge or obvious internal septal deformity
3. Test olfactory nerve - ask patient about their sense of smell
4. Test for airflow (using a cold metal tongue depressor)
5. Inspect nasal cavity with auriscope or headlight and speculum
6. Palpate nose with thumb and forefinger noting warmth, redness, tenderness and deformity